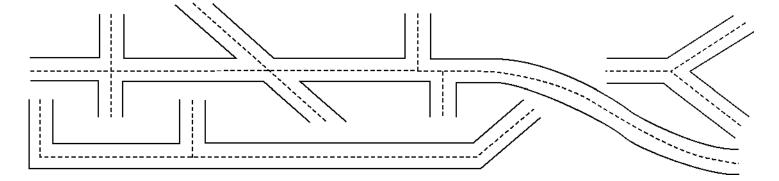
## ADOA RISK MANAGEMENT AUTOMOBILE LOSS REPORT

Print legibly or enter the loss report electronically

STATE AGENCY			Department		Division			Section		RMD No. (For RMD Use Only)													
		ACCID		Stree	t Addres	SS																	
	LOCATION  Intersecting Street or Highway No. and Mile Post No.  Intersection Non-Intersection																						
FACTS	C	CITY					☐ Insi				Weather												
ш	С	DATE O	OF ACCIDENT				Day of Week		Hour					N	No. of Vehicles Invol			volved No		lo. Persons Injured			
			VEHICLE				estrian						Vehicle		5	. DOthe	er						_
	H	<b>NVOLV</b> ⁄ear	ED WITH	Mak		Othe	er Motor V	/ehicle Mode		Fixe	d O	Ť		Dioto	No			Lico	ooo Die	oto St	oto		_
ш		OOA				-1-				noved		License Plate No.				License Pla			- Si	ale			
딜		Notor Poo	ool Vehicle?		Vehicle No.				То			Remov			vea E	<b>э</b> у							
E VE	œ	Last Name				First		MI		Point of Impact on Vehicle					Est. Co			st. Cos	t Repair				
STATE VEHICLE	DRIVER	Address									City, State, Zip					Ph H W			Phone V	none			
			assification			Dep	artment/D	Division	/Section		Dri	iver	License	No.		□ Op □ Ch	oerato auffe		Ex Da			State	
		OTHER /EHICL			Make				Model			Lice	ense Pla	te No			Lic	ense	Plate S	State			
icle th sheet)	VEHICLE Removed To				Removed By				Point of Impact on Vehicle				ehicle				ı	Est. Cost Repair					
Other Vehicle (more than 1 attach sheet)	C	OWNER Last Name					First				MI Address				City, State			PI H W	Phone w				
Oth (more that	/ER	i	Last Name	1			Fi	irst		MI	Ac	ddre	ss				Cit	y, Sta	ite	PI H W	hone		
	DRIVER		Insured By						Driver	Licens	e N	10.					•		Exp. Date			State	
RT≺ GE	Т	o Prope	erty Other Tha	ın Ve	ehicles				•									Est	. Cost I	Repai	ir		
PROPERTY DAMAGE			d Address of Property														•						
	L	ast Nar	ne			Firs	st		MI	Add	res	s							Pho H W	one			
		Descripti	on of Injury																IVV				
	L	ast Nar	ne			Firs	st		MI	Ad	dre	ss							Pho H W	one			
INJURIES	Description of Injury								<u> </u>									IVV					
	Last Name Fire				st	Address						Phone H W				_							
	Description of Injury								ı									14.4					
	L	Last Name Fir				Firs	st	Ad	Address							Pho H	one			_			
	Е	Descripti	on of Injury							1									ĮVV				

<u> </u>	Name	Address	Phone
WITNESSES	Name	Address	Phone
POLICE REPORT	Agency	Officer and I.D. No.	Report No.
<u>IMPO</u>	ORTANT: DESCRIBE I	HOW ACCIDENT/INDENT OCCURRED BEL	OW.



I hereby certify that this is a true statement of the facts to the best of my knowledge and belief.

Driver's Signature	Driver's Email Address	Date
Authorized Supervisor Signature	Authorized Supervisor Email Address	Date